

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEETSubstitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/664,960

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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50						
Total Indep	3					
Total Depend	15					
Total Claims	18					

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Total Indep				
Total Depend				
Total Claims				